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Box set

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorne	y Docket No.	4075US			
First In	ventor or Applicat	ion Identifier	Ronald Vogels; Abraham Bout		
Title	PACKAGING SYSTEMS FOR HUMAN RECOMBINANT ADENOVIRUS TO BE USED IN GENE THERAPY				
Express Mail Label No. EL312578267US		7US			

1. ◎ Fee Transmittal Form Submit an original, and a duplicate for fee processing)		ICATION ELEMENTS IPEP Chapter 600 concerning utility patent application contents			ASSISTANT Commissioner for Patents Box Patent Application Washington, D.C. 20231				
- Detailed Description - Claim(s) - Abstract of the Disclosure 3.	(Submit an original, and a duplicate for fee processing) 2. Specification Total Pages (preferred arrangement set forth below) -Descriptive title of the invention -Cross References to related Applications -Statement Regarding Fed Sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention				7. □ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Copy b. □ Paper Copy (identical to computer copy				
3. ⊠ Drawing(s) (35 USC 113) Total Sheets Total Pages 4. Oath or Declaration Total Pages 5. □ Assignment Tappers (cover sheet & occument(s)) 6. □ Copy from a prior application (37 CFR 1.63(d)) 6. □ Copy from a prior application (37 CFR 1.63(d)) 6. □ DELETION OF INVENTOR(S) 7. □ DELETION of INVENTOR(S) 8. □ Assignment Tappers (cover sheet & occument(s)) 9. □ 37CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 10. □ English Translation Document (if applicable) 11. □ Information Document (if applicable) 12. □ DELETION OF INVENTOR(S) 8. □ Assignment Tappers (cover sheet & occument(s)) 13. □ Cortinuation Disclosure □ Copies of IDS 8. □ Information Document (if applicable) 14. □ DELETION OF INVENTOR(S) 8. □ Assignment Tappers (cover sheet & occument(s)) 15. □ Information Document (if applicable) 16. □ Copies of IDS 8. □ Information Document (if applicable) 17. □ DELETION OF INVENTOR(S) 18. □ Statement (IDS/PTO-1449) Citations 19. □ Cortinuation Document (IDS/PTO-1449) Citations 19. □ Cortinuation Statement floor prior application, Status still proper and desired 19. □ Certified Copy of Priority Document(s) 19. □ Certified Copy of Prio	-Detailed -Claim(s	d Description							
a. Newly executed (original or copy) b.	3. ☑ Drawing(s) (35 USC 113) Total Sheets 4. Oath or Declaration Total Pages a. ☑ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d)) (For continuation/divisional with Box 17 completed)			9. ☐ 37CFR 3.73(b) Statement ☐ Power of Attorney					
Copy from a prior application (37 CFR 1.63(d))				· ·	_		oplicable)		
Continuation Cont				11. Information D	Disclosure	☐ Copies	of IDS		
i. □ <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. □ Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: □ □ Continuation □ □ Divisional □ Continuation information: Examiner									
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. □ Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: □ Continuation □ Divisional ☑ Continuation-in-part (CIP) of prior Application No. 09/065,752 Prior application information: Examiner Scott Priebe Group/Art Unit: 1632 18. CORRESPONDENCE ADDRESS □ Customer Number or Bar Code Label or Examiner TRASK, BRITT & ROSSA ADDRESS P.O. Box 2550 CITY Salt Lake City STATE Utah ZIP CODE 84110 COUNTRY U.S.A. TELEPHONE (801) 532-1922 FAX (801)531-9168 Name (Print/Type) Allen C. Turner Registration No. (Attorney/Agent) 33,041		NVENTOR(S)	ΓOR(S) 13. ⊠Re			(MPEP 503)		
15. □ Certified Copy of Priority Document(s) Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Other:	inventor(s) named in the prior								
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application and is hereby incorporated by reference therein. where one has been filed in a prior application and is being relied upon. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: □ Continuation □ Divisional ☑ Continuation-in-part (CIP) of prior Application No. 09/065,752 Prior application information: Examiner ☑ Scott Priebe ☐ Group/Art Unit: ☐ 1632 18. CORRESPONDENCE ADDRESS □ Customer Number or Bar Code Label or ☑ Correspondence address below Allen C. Turner TRASK, BRITT & ROSSA ADDRESS P.O. Box 2550 CITY Salt Lake City STATE Utah ZIP CODE 84110 COUNTRY U.S.A. TELEPHONE (801) 532-1922 FAX (801)531-9168 Name (Print/Type) Allen C. Turner Registration No. (Attorney/Agent) 33,041	copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying			1					
Continuation ☐ Divisional ☐ Continuation ☐ Divisional Prior application information: Examiner ☐ Scott Priebe ☐ Group/Art Unit: ☐ 1632 ☐ 18. CORRESPONDENCE ADDRESS ☐ Customer Number or Bar Code Label ☐ Or ☐ Correspondence address below ☐ TRASK, BRITT & ROSSA ☐ Prior Application No. (Attorney/Agent) ☐ Customer Number or Bar Code Label ☐ Or ☐ Correspondence address below ☐ Customer Number or Bar Code Label ☐ Or ☐ Correspondence address below ☐ Customer Number or Bar Code Label ☐ Or ☐ Correspondence address below ☐ Counter ☐ TRASK, BRITT & ROSSA ☐ DRESS ☐ P.O. Box 2550 ☐ CITY ☐ Salt Lake City ☐ STATE ☐ Utah ☐ ZIP CODE ☐ 84110 ☐ COUNTRY ☐ U.S.A. ☐ TELEPHONE ☐ (801) 532-1922 ☐ FAX ☐ (801)531-9168 ☐ Registration No. (Attorney/Agent) ☐ 33,041 ☐ Counter ☐ Registration No. (Attorney/Agent) ☐ 33,041 ☐ Counter ☐ Cou									
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COUNTRY U.S.A. TELEPHONE (801) 532-1922 FAX (801)531-9168 Name (Print/Type) Allen C. Turner Registration No. (Attorney/Agent) 33,041	ADDRESS	P.O. Box 2550							
Name (Print/Type) Allen C. Turner Registration No. (Attorney/Agent) 33,041	CITY	Salt Lake City	STATE	Utah		ZIP COD	E	84110	
	COUNTRY	U.S.A.	TELEPHONE	(801) 53	32-1922		FAX	(801)531-9168	
Signature Date 06/14/99	Name (Print/Type) Allen C. Turner			Registration No. (Attorney/Agent)			33,041		
	Signature Date 06/14/99						06/14/99		

PTO/SB/17 (12-98)
Approved for through 09/30/2000. OMB 0651-0032
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

4075US

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL Complete if Known **Application Number** for FY 1999 Filing Date June 14, 1999 Patent fees are subject to annual revision. First Named Inventor Ronald Vogels et al Small Entity payments must be supported by a small entity statement, **Examiner Name** otherwise large entity fees must be paid. See Forms PTO/SB/09-12. To be assigned Group / Art Unit To be assigned TOTAL AMOUNT OF PAYMENT (\$) 78<u>9.00</u>

Attorney Docket No.

METHOD OF PAYMENT (check one)	\ FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number Number	3. ADDITIONAL FEES Large Entity Small Entity Fee					
Deposit Account Name Trask, Britt & Rossa	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.					
X Charge Any Additional	139 130 139 130 Non-English specification					
Fee Required Under 37 CFR 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination					
	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
2. The Payment Enclosed: Check Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
SEE OALOULATION	115 110 215 55 Extension for reply within first month					
FEE CALCULATION	116 380 216 190 Extension for reply within second month					
1. BASIC FILING FEE Large Entity Small Entity	117 870 217 435 Extension for reply within third month					
Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month					
Code (\$) Code (\$) Fee Paid 101 760 201 380 Utility filing fee 380	128 1,850 228 925 Extension for reply within fifth month					
101 760 201 380 Utility failing fee 380	119 300 219 150 Notice of Appeal					
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal					
108 760 208 380 Reissue filing fee	121 260 221 130 Request for oral hearing					
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding					
714 100 214 70 1 Tovisional limity res	140 110 240 55 Petition to revive - unavoidable					
SUBTOTAL (1) (\$) 380	141 1,210 241 605 Petition to revive - unintentional					
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)					
Fee from Extra Claims below Fee Paid	143 430 243 215 Design issue fee					
Total Claims 48 -20** = 28 x 9 = 252	144 580 244 290 Plant issue fee					
Independent 6 - 3" = 3 x 39 = 117	122 130 122 130 Petitions to the Commissioner					
Multiple Dependent =	123 50 123 50 Petitions related to provisional applications					
**or number previously paid, if greater, For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt					
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties) 40					
103 18 203 9 Claims in excess of 20	146 760 246 380 Filing a submission after final rejection					
102 78 202 39 Independent claims in excess of 3	(37 CFR 1.129(a)) 149 760 249 380 For each additional invention to be					
104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380 For each additional invention to be examined (37 CFR 1.129(b))					
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 369 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40						
SUBMITTED BY Complete (if applicable)						

SUBMITTED B	Υ		Complete (if	applicable)
Typed or Printed Name	Allen C. Turner		Reg. Number	33,041
Signature	al C.V	Date	 Deposit Account User ID	20-1469

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.